FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

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Name of Offering	( check if this is an a	amendment and name I	has changed, and ir	dicate change.)		····	_	
Issuance of Series	A Preferred Stock (and	the underlying comm	on stock issuable	upon conversion)				
Filing Under (Check		☐ Rule 504	☐ Rule 505	Rule 506	Section 4(6)	ULOE	_	
Type of Filing:	New Filing	☐ Amendment						
		A. BASIC	DENTIFICAT	ON DATA	<u> </u>			
1. Enter the inform	nation requested about th	e issuer				<del></del>	—	
Name of Issuer	check if this is an ar	mendment and name h	as changed, and in	dicate change.			_	
WebLOQ, Inc.								
Address of Executive	e Offices		(Number and Stree	t, City, State, Zip Cod	le) Telephone l	Number (Including Area Code)	<del></del>	
2801 Monterey-Sali	nas Highway, Suite H, M	Monterey, CA 93940			(831) 372-2			
Address of Principal	Offices		(Number and Stree	t, City, State, Zip Cod	le) Telephone I	Telephone Number (Including Area Code)		
(if different from Exe	cutive Offices) same	e as above				same as above		
Brief Description of E	Business: Internet e	mail and software ser	rvices provider			5	_	
					<u>.</u>	DRACESS		
Type of Business Or						- I HOULSS		
	Corporation		artnership, already		other (please	specify) FED 2 2 206	מנ	
	☐ business trust	☐ limited p	artnership, to be for	med	<u>.</u>	FEB 2 3 200	){ 	
Actual or Estimated	Date of Incorporation or C	Organization:	Month 1	Vear 0	4 NA	THOMSON Actual 甲内科的		
Jurisdiction of Incorp	oration or Organization:	(Enter two-letter U.S. P	ostal Service Abbre	viation for State:		→ HAWIACIWE	-	
				r other foreign jurisdic	tion)	DE		

## **GENERAL INSTRUCTIONS** Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

## State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. versely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number

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		A. BASIC II	DENTIFICATION DAT	Α			
<ul> <li>Each beneficial own</li> <li>Each executive office</li> </ul>	ne issuer, if the iss ner having the pov per and director of	suer has been organized wi wer to vote or dispose, or d	ithin the past five years; lirect the vote or disposition c corporate general and manag	of, 10% or more of ging partners of pa	a class of equity securities of the issuer; intnership issuers; and		
Check Box(es) that Apply:	Promoter	⊠ Beneficial Owner		☑ Director	☐ General and/or Managing Partner		
Full Name (Last name first, i Smith, Neal	f individual):						
Business or Residence Addr 2801 Monterey-Salinas Hig	ress (Number and	i Street, City, State, Zip Co Monterey, CA 93940	de):				
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner		☐ Director	☐ General and/or Managing Partner		
Full Name (Last name first, i Williams, Gerald	f individual):						
Business or Residence Addi 2801 Monterey-Salinas Hig	ress (Number and hway, Suite H, M	I Street, City, State, Zip Co Monterey, CA 93940	de):				
Check Box(es) that Apply:	☐ Promoter	⊠ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner		
Full Name (Last name first, i Sidman, George	if individual):						
Business or Residence Addi 2801 Monterey-Salinas Hig			de):				
Check Box(es) that Apply:	Promoter	☑ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner		
Full Name (Last name first, i Adleta, Jack and Dianne	if individual):	1					
Business or Residence Addi 3505 Turtle Creek Blvd., #1	ress (Number and I1-A, Dallas, TX,	1 Street, City, State, Zip Co 75219	de):	-			
Check Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner		
Full Name (Last name first, i Rainier Exchange, Inc.	if individual):						
Business or Residence Addi 6842 SE Henry St., Portlan	ress (Number and d, OR 97206, At	1 Street, City, State, Zip Co tn: George Sidman	de):				
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner		
Full Name (Last name first, i	if individual):						
Business or Residence Add	ress (Number and	Street, City, State, Zip Co	de):				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner		
Full Name (Last name first, i	if individual):						
Business or Residence Add	ress (Number and	Street, City, State, Zip Co	de):				
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner		
Full Name (Last name first, i	f individual):						
Business or Residence Address (Number and Street, City, State, Zip Code):							
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

B. INFORMATION ABOUT OFFERING															
														Yes	<u>No</u>
1.	Has	the issuer	sold, or d	oes the iss	suer intend	to sell, to	non-accre	edited inve	stors in thi	is offering?	7				
						Answer a	lso in App	endix, Col	umn 2, if f	iling under	ULOE.				
2. What is the minimum investment that will be accepted from any individual?\$ 0.75															
	Yes									Yes	<u>No</u>				
3.	Doe	s the offer	ing permit	joint owne	ership of a	single unit	?			*************				<u></u>	
4.	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly,											_			
any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC															
										) persons nat broker					
Full	associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.  Full Name (Last name first, if individual)														
_															
Bus	iness	or Reside	ence Addre	ess (Numb	er and Str	eet, City, S	State, Zip (	Code)							
Nar	ne of	Associate	d Broker o	r Dealer											
Sta	tes in	Which Pe	rson Liste	d Has Soli	cited or Int	ends to So	olicit Purch	nasers		·					
										• • • • • • • • • • • • • • • • • • • •					☐ All States
	[AL]	☐ [AK]	☐ [AZ]	[AR]	CA]	□ [co]		□ (DE)		☐ (FL)	☐ [GA]	☐ [HI]	□ [ID]		
	[fL]		[AI]	□ [KS]	□ [KY]		[ME]	[MD]	☐ [MA]	[MI]	[MN]	☐ [MS]	☐ [MO]		
	[MT]	☐ [NE]	□ [NV]	□ [NH]	□ [NJ]	☐ [NM]	□ [NY]	☐ [NC]	□ [ND]	[OH]		D [OR]	□ [PA]		
	[RI]	☐ [SC]	[SD]	□ [TN]	□ [TX]	□ [UT]		□ [VA]	[WA]	[WV]	[WI]	□ [WY]	[PR]		· · · · · · · · · · · · · · · · · · ·
Full	Nam	e (Last na	me first, if	individual)	)										
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	(IL)	[IN]	[AI]	☐ [KS]	□ [KY]	□ [LA]	☐ [ME]	[MD]	□ [MA]	☐ [MI]	☐ [MN]	☐ [MS]	☐ [MO]		
	[MT]	□ [NE]	[VN]	□ [NH]	□ [NJ]	□ [NM]	☐ [NY]	□ [NC]	□ [ND]	□ [OH]	□ (OK)	☐ [OR]	□ [PA]		
	(RI)	☐ [SC]	☐ (SD)	□ [TN]	[TX]	[עז]	□ [Λ1]	□ [VA]	□ [WA]		[WI]	□ [WY]	□ [PR]		
Ful	l Nam	e (Last na	ıme first, if	individual	)										
Bus	siness	or Reside	ence Addre	ess (Numb	er and Str	eet, City, S	State, Zip (	Code)							
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	(RI)										-				

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES A	ND USE OF PROCE	EDS
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box   and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	,	
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	, <b>\$</b>	\$
	Equity	\$ 965,000.00	\$ 965,000.00
	☐ Common ☑ Preferred		
	Convertible Securities (including warrants)	\$ 197.992.00	\$ 0.00
	Partnership Interests		\$
	Other (Specify)		
	<del></del>		
	Total	\$ 1,162,992.00	\$ 965,000.00
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount Of Purchases
	Accredited Investors	26	\$ 965,000.00
	Non-accredited Investors	0	<u>\$</u> 0
	Total (for filings under Rule 504 only)		
	Answer also in Appendix, Column 4, if filing under ULOE		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.		
	Type of Offering	Types of	Dollar Amount
	,	Security	Sold
	Rule 505		_ <u>\$</u>
	Regulation A	. <u>N/A</u>	<u> </u>
	Rule 504	N/A	<u> </u>
	Total		<u>\$</u>
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		S
	Legal Fees	_	s
	Accounting Fees	<del>_</del>	s
	Engineering Fees	<del>_</del>	•
		_	3
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)		\$

Total.....

	C. OFFERING PRICE, NUMBER (	OF INVESTORS, EXPE	NSES A	ND U	SE OF P	ROC	EEDS	<u>.</u>	
4	b. Enter the difference between the aggregate offering price Question 1 and total expenses furnished in response to Part 6 "adjusted gross proceeds to the issuer."	C—Question 4.a. This different	ce is the				<u>\$</u>		965,000.00
5	Indicate below the amount of the adjusted gross proceeds to used for each of the purposes shown. If the amount for any pestimate and check the box to the left of the estimate. The to the adjusted gross proceeds to the issuer set forth in respons	ourpose is not known, furnish a tal of the payments listed mus	an it equal		Payments t Officers, Directors 8 Affiliates			Ρ	ayments to Others
	Salaries and fees			\$				\$	
	Purchase of real estate			<u>\$</u>				\$	
	Purchase, rental or leasing and installation of machine	ery and equipment		\$	·			\$	
	Construction or leasing of plant buildings and facilities Acquisition of other businesses (including the value of offering that may be used in exchange for the assets of the construction of the construct	securities involved in this		\$				<u>\$</u>	
	pursuant to a merger			\$				\$	
	Repayment of indebtedness			\$				\$	
	Working capital			\$			$\boxtimes$	\$	965,000.00
	Other (specify):			\$				\$	
				\$				\$	
	Column Totals			\$				\$	965,000.00
	Total payments Listed (column totals added)					<u>\$</u>	9	65 <u>,000</u> .	00
	D.	FEDERAL SIGNATUR	E				<del></del>		
CC	is issuer has duly caused this notice to be signed by the under institutes an undertaking by the issuer to furnish to the U.S. Se the issuer to any non-accredited investor pursuant to paragrap	curities and Exchange Commi	n. If this no ssion, upo	otice is	filed under en request	Rule 5	505, the taff, the	followi inform	ng signature ation furnished
ls	suer (Print or Type) Signature (Print or Type)	gnature	) Th		<del></del>	Da	te		
	ebLOQ, Inc.		500			Jar	nuary	, 200	<u> </u>
	• • • • • • • • • • • • • • • • • • • •	tle of Signer (Print or Type)	)						
N	eal Smith Pr	egident and Chief Executive	Officer						

 $\mathbb{END}$ 

## **ATTENTION**

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)